

ILLINOIS STEEL DIVISION  
POST OFFICE BOX 628  
KANKAKEE, ILLINOIS 60901  
PHONE (815) 937-3131  
TWX 810-733-5548

US EPA RECORDS CENTER REGION 5



484665

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ILL. E.P.A. - D.L.P.C.  
STATE OF ILLINOIS

September 6, 1984

Mr. Kenneth P. Bechely  
Northern Region Manager  
Illinois Environmental Protection Agency  
Division of Land Pollution Control  
1701 South First Avenue - Suite 600  
Maywood, Illinois 60153

Reference: 09101504 - Kankakee County - Bourbonnais/  
Birmingham Bolt

Dear Mr. Bechely:

Enclosed please find three forms which were originally submitted without signatures, in a letter mailed to your attention on September 5, 1984.

Please replace the incorrect forms with those included in this letter.

I am sorry for the inconvenience. If you have any questions or need any further information, please do not hesitate to contact me.

Sincerely,

Eugene Sartori  
General Manager

ES/mrc  
Enclosures (3)

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|                                      |  |   |
|--------------------------------------|--|---|
| <b>FORM 1</b><br><b>GENERAL</b>      | <b>U.S. ENVIRONMENTAL PROTECTION AGENCY</b><br><b>GENERAL INFORMATION</b><br><i>Consolidated Permits Program</i><br><i>(Read the "General Instructions" before starting.)</i>                                      | <b>I. EPA I.D. NUMBER</b><br><div style="border: 1px solid black; height: 20px; width: 100%;"></div>  |
| <b>II. POLLUTANT CHARACTERISTICS</b> | <div style="border: 1px solid black; height: 150px; width: 100%; background: repeating-linear-gradient(45deg, transparent, transparent 2px, black 2px, black 4px);"></div> <p>PLEASE PLACE LABEL IN THIS SPACE</p> | <b>GENERAL INSTRUCTIONS</b><br><p>If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-8 which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.</p> |

| SPECIFIC QUESTIONS   | MARK "X" |    |               | SPECIFIC QUESTIONS   | MARK "X" |    |               |
|--|----------|----|---------------|--|----------|----|---------------|
|  | YES      | NO | FORM ATTACHED |  | YES      | NO | FORM ATTACHED |
| A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)   |          | X  |               | B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)  |          | X  |               |
| C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)  | X        |    |               | D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)  |          | X  |               |
| E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)   | X        |    |               | F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)   |          | X  |               |
| G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4) |          | X  |               | H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)  |          | X  |               |
| I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)                 |          | X  |               | J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5) |          | X  |               |

**III. NAME OF FACILITY**

1 BIRMINGHAM BOLT & STEEL CO., ILL. DIV.

**IV. FACILITY CONTACT**

| A. NAME & TITLE (last, first, & title) | B. PHONE (area code & no.) |
|--|----------------------------|
| 2 SARTORI EUGENE GENERAL MANAGER       | 815 937 3131               |

**V. FACILITY MAILING ADDRESS**

| A. STREET OR P.O. BOX |          |             |
|-----------------------|----------|-------------|
| 3 P O Box 628         |          |             |
| B. CITY OR TOWN       | C. STATE | D. ZIP CODE |
| 4 KANKAKEE            | IL       | 60901       |

**VI. FACILITY LOCATION**

| A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER |                 |          |             |                           |
|---|-----------------|----------|-------------|---------------------------|
| 5 RT. 50 MCKNIGHT RD.                             |                 |          |             |                           |
| B. COUNTY NAME                                    | C. CITY OR TOWN | D. STATE | E. ZIP CODE | F. COUNTY CODE (if known) |
| KANKAKEE  | BOURBONNAIS     | IL       | 60914       |                           |

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CONTINUED FROM THE FRONT

## VII. SIC CODES (4-digit, in order of priority)

| A. FIRST                                 |   |   |   | B. SECOND |  |  |  |
|--|---|---|---|-----------|--|--|--|
| 7  | D | 0 | 0 | 7         |  |  |  |
| (specify) Emission Control Dust Electric |   |   |   | (specify) |  |  |  |
| C. THIRD                                 |   |   |   | D. FOURTH |  |  |  |
| 7  |   |   |   | 7         |  |  |  |
| (specify) Furnace                        |   |   |   | (specify) |  |  |  |

## VIII. OPERATOR INFORMATION

| A. NAME  |  |  |  |             |  |          |  |             |  |   |  | B. Is the name listed in Item VIII-A also the owner?                |  |
|--|--|--|--|-------------|--|----------|--|-------------|--|---|--|---|--|
| BIRMINGHAM BOLT AND STEEL CO.  |  |  |  |             |  |          |  |             |  |   |  | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |  |
| C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box. If "Other", specify.) |  |  |  |             |  |          |  |             |  | D. PHONE (area code & no.)  |  |   |  |
| F - FEDERAL  |  | M - PUBLIC (other than federal or state) |  | P (specify) |  |          |  |             |  |   |  |   |  |
| S - STATE  |  | O - OTHER (specify)                      |  |             |  |          |  |             |  |   |  |   |  |
| P - PRIVATE  |  |  |  |             |  |          |  |             |  |   |  |   |  |
| E. STREET OR P.O. BOX  |  |  |  |             |  |          |  |             |  |   |  |   |  |
| P. O. BOX 628  |  |  |  |             |  |          |  |             |  |   |  |   |  |
| F. CITY OR TOWN  |  |  |  |             |  | G. STATE |  | H. ZIP CODE |  | IX. INDIAN LAND   |  |   |  |
| KANKAKEE   |  |  |  |             |  | IL       |  | 60901       |  | Is the facility located on Indian lands?                            |  |   |  |
|  |  |  |  |             |  |          |  |             |  | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |  |   |  |

## X. EXISTING ENVIRONMENTAL PERMITS

| A. NPDES (Discharges to Surface Water)   |  |  |  |  |  | D. PSD (Air Emissions from Proposed Sources) |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|
| IL0035297                                |  |  |  |  |  | P  |  |  |  |  |  |
| B. UIC (Underground Injection of Fluids) |  |  |  |  |  | E. OTHER (specify)                           |  |  |  |  |  |
| U  |  |  |  |  |  | 091801AAA Air quality                        |  |  |  |  |  |
| C. RCRA (Hazardous Wastes)               |  |  |  |  |  | E. OTHER (specify)                           |  |  |  |  |  |
| R  |  |  |  |  |  | 0910555016 State RCRA Number                 |  |  |  |  |  |

## XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

## XII. NATURE OF BUSINESS (provide a brief description)

Manufactures reinforcing rods from steel scrap.

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## XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

| A. NAME & OFFICIAL TITLE (type or print) |  | B. SIGNATURE         |  | C. DATE SIGNED |  |
|--|--|----------------------|--|----------------|--|
| Monroe Fields, Vice President            |  | <i>Monroe Fields</i> |  | 9/6/84         |  |
| COMMENTS FOR OFFICIAL USE ONLY           |  |                      |  |                |  |
|  |  |                      |  |                |  |

# IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

|                                  |   |   |   |   |   |   |   |   |    |    |    |
|----------------------------------|---|---|---|---|---|---|---|---|----|----|----|
| EPA I.D. NO. (enter from page 1) |   |   |   |   |   |   |   |   |    |    |    |
| 1                                | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|                                  |   |   |   |   |   |   |   |   |    |    | 6  |

## V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail)

## VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures, existing storage, treatment and disposal areas, and sites of future storage, treatment or disposal areas (see instructions for more detail).

## VII. FACILITY GEOGRAPHIC LOCATION

|  |    |    |    |    |    |   |    |    |    |    |    |
|--|----|----|----|----|----|---|----|----|----|----|----|
| LATITUDE (degrees, minutes, & seconds) |    |    |    |    |    | LONGITUDE (degrees, minutes, & seconds) |    |    |    |    |    |
| 4                                      | 1  | 1  | 0  | 0  | 0  | 0                                       | 8  | 9  | 3  | 2  | 0  |
| 44                                     | 45 | 46 | 47 | 48 | 49 | 70                                      | 71 | 72 | 73 | 74 | 75 |

## VIII. FACILITY OWNER

☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

|                                   |  |  |  |                                |  |        |  |
|-----------------------------------|--|--|--|--------------------------------|--|--------|--|
| 1. NAME OF FACILITY'S LEGAL OWNER |  |  |  | 2. PHONE NO. (area code & no.) |  |        |  |
|                                   |  |  |  |                                |  |        |  |
| 3. STREET OR P.O. BOX             |  |  |  | 4. CITY OR TOWN                |  | 5. ST. |  |
|                                   |  |  |  |                                |  |        |  |
| 6. ZIP CODE                       |  |  |  |                                |  |        |  |
|                                   |  |  |  |                                |  |        |  |

## IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

|                         |                      |                |
|-------------------------|----------------------|----------------|
| A. NAME (print or type) | B. SIGNATURE         | C. DATE SIGNED |
| Monroe Fields           | <i>Monroe Fields</i> | 9/6/84         |

## X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

|                         |              |                |
|-------------------------|--------------|----------------|
| A. NAME (print or type) | B. SIGNATURE | C. DATE SIGNED |
|                         |              |                |

|                              |  |  |  |  |  |  |  |  |  |
|------------------------------|--|--|--|--|--|--|--|--|--|
| I.D. - FOR OFFICIAL USE ONLY |  |  |  |  |  |  |  |  |  |
| W                            |  |  |  |  |  |  |  |  |  |
|                              |  |  |  |  |  |  |  |  |  |

**IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)**

**A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES.** Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

|   |   |   |    |    |    |
|---|---|---|----|----|----|
| 1 | 2 | 3 | 4  | 5  | 6  |
| 7 | 8 | 9 | 10 | 11 | 12 |

**B. HAZARDOUS WASTES FROM SPECIFIC SOURCES.** Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

|    |    |    |    |    |    |
|----|----|----|----|----|----|
| 13 | 14 | 15 | 16 | 17 | 18 |
| 19 | 20 | 21 | 22 | 23 | 24 |
| 25 | 26 | 27 | 28 | 29 | 30 |

**C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES.** Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

|    |    |    |    |    |    |
|----|----|----|----|----|----|
| 31 | 32 | 33 | 34 | 35 | 36 |
| 37 | 38 | 39 | 40 | 41 | 42 |
| 43 | 44 | 45 | 46 | 47 | 48 |

**D. LISTED INFECTIOUS WASTES.** Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

|    |    |    |    |    |    |
|----|----|----|----|----|----|
| 49 | 50 | 51 | 52 | 53 | 54 |
|----|----|----|----|----|----|

**E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES.** Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE  
(D001)

☐ 2. CORROSIVE  
(D002)

☐ 3. REACTIVE  
(D003)

☒ 4. TOXIC  
(D000)

**X. CERTIFICATION**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

*Cyril Sartori*

NAME & OFFICIAL TITLE (type or print)

GENERAL MGR.

DATE SIGNED

9-6-84

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| FORM<br><b>3</b><br>RCRA  |     | <b>EPA</b>   |  | U.S. ENVIRONMENTAL PROTECTION AGENCY<br><b>HAZARDOUS WASTE PERMIT APPLICATION</b><br>Consolidated Permits Program<br><small>(This information is required under Section 3005 of RCRA.)</small>               |                       | EPA I.D. NUMBER  |  |       |                                   |                            |                                 |                       |  |  |  |  |  |          |          |  |  |  |  |
|---|-----|--|--|--|-----------------------|--|--|-------|-----------------------------------|----------------------------|---------------------------------|-----------------------|--|--|--|--|--|----------|----------|--|--|--|--|
| <b>FOR OFFICIAL USE ONLY</b>  |     |  |  |  |                       |  |  |       |                                   |                            |                                 |                       |  |  |  |  |  |          |          |  |  |  |  |
| APPLICATION APPROVED  |     | DATE RECEIVED (yr., mo., & day)  |  | COMMENTS   |                       |  |  |       |                                   |                            |                                 |                       |  |  |  |  |  |          |          |  |  |  |  |
|   |     |  |  |  |                       |  |  |       |                                   |                            |                                 |                       |  |  |  |  |  |          |          |  |  |  |  |
| <b>II. FIRST OR REVISED APPLICATION</b>   |     |  |  |  |                       |  |  |       |                                   |                            |                                 |                       |  |  |  |  |  |          |          |  |  |  |  |
| Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.  |     |  |  |  |                       |  |  |       |                                   |                            |                                 |                       |  |  |  |  |  |          |          |  |  |  |  |
| <b>A. FIRST APPLICATION</b> (place an "X" below and provide the appropriate date)<br><input checked="" type="checkbox"/> <b>1. EXISTING FACILITY</b> (See instructions for definition of "existing" facility Complete item below.)<br>C      YR.    MO.    DAY<br>8      6    2       -       -       -<br><small>(use the boxes to the left)</small>   |     |  |  |  |                       | <b>2. NEW FACILITY</b> (Complete item below)<br>PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN<br>YR.    MO.    DAY<br>-       -       - |  |       |                                   |                            |                                 |                       |  |  |  |  |  |          |          |  |  |  |  |
| <b>B. REVISED APPLICATION</b> (place an "X" below and complete item I above)<br><input type="checkbox"/> 1. FACILITY HAS INTERIM STATUS <input type="checkbox"/> 2. FACILITY HAS A RCRA PERMIT  |     |  |  |  |                       |  |  |       |                                   |                            |                                 |                       |  |  |  |  |  |          |          |  |  |  |  |
| <b>III. PROCESSES – CODES AND DESIGN CAPACITIES</b>   |     |  |  |  |                       |  |  |       |                                   |                            |                                 |                       |  |  |  |  |  |          |          |  |  |  |  |
| A. PROCESS CODE – Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C). |     |  |  |  |                       |  |  |       |                                   |                            |                                 |                       |  |  |  |  |  |          |          |  |  |  |  |
| B. PROCESS DESIGN CAPACITY – For each code entered in column A enter the capacity of the process.<br>1. AMOUNT – Enter the amount.<br>2. UNIT OF MEASURE – For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.  |     |  |  |  |                       |  |  |       |                                   |                            |                                 |                       |  |  |  |  |  |          |          |  |  |  |  |
| PROCESS   |     | PRO-<br>CESS<br>CODE   | APPROPRIATE UNITS OF<br>MEASURE FOR PROCESS<br>DESIGN CAPACITY | PROCESS  |                       | PRO-<br>CESS<br>CODE   | APPROPRIATE UNITS OF<br>MEASURE FOR PROCESS<br>DESIGN CAPACITY |       |                                   |                            |                                 |                       |  |  |  |  |  |          |          |  |  |  |  |
| <b>Storage:</b>   |     |  |  | <b>Treatment:</b>  |                       |  |  |       |                                   |                            |                                 |                       |  |  |  |  |  |          |          |  |  |  |  |
| CONTAINER (barrel, drum, etc.)  | S01 | GALLONS OR LITERS  |  | TANK   | T01                   | GALLONS PER DAY OR LITERS PER DAY  |  |       |                                   |                            |                                 |                       |  |  |  |  |  |          |          |  |  |  |  |
| TANK  | S02 | GALLONS OR LITERS  |  | SURFACE IMPOUNDMENT  | T02                   | GALLONS PER DAY OR LITERS PER DAY  |  |       |                                   |                            |                                 |                       |  |  |  |  |  |          |          |  |  |  |  |
| WASTE PILE  | S03 | CUBIC YARDS OR CUBIC METERS  |  | INCINERATOR  | T03                   | TONS PER HOUR OR METRIC TONS PER HOUR  |  |       |                                   |                            |                                 |                       |  |  |  |  |  |          |          |  |  |  |  |
| SURFACE IMPOUNDMENT   | S04 | GALLONS OR LITERS  |  |  | T04                   | GALLONS PER HOUR OR LITERS PER HOUR  |  |       |                                   |                            |                                 |                       |  |  |  |  |  |          |          |  |  |  |  |
| <b>Disposal:</b>  |     |  |  | <b>OTHER</b> (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.) |                       |  |  |       |                                   |                            |                                 |                       |  |  |  |  |  |          |          |  |  |  |  |
| INJECTION WELL  | D79 | GALLONS OR LITERS  |  |  |                       |  |  |       |                                   |                            |                                 |                       |  |  |  |  |  |          |          |  |  |  |  |
| LANDFILL  | D80 | ACRE-Feet (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER |  |  |                       |  |  |       |                                   |                            |                                 |                       |  |  |  |  |  |          |          |  |  |  |  |
| LAND APPLICATION  | D81 | ACRES OR HECTARES  |  |  |                       |  |  |       |                                   |                            |                                 |                       |  |  |  |  |  |          |          |  |  |  |  |
| OCEAN DISPOSAL  | D82 | GALLONS PER DAY OR LITERS PER DAY  |  |  |                       |  |  |       |                                   |                            |                                 |                       |  |  |  |  |  |          |          |  |  |  |  |
| SURFACE IMPOUNDMENT   | D83 | GALLONS OR LITERS  |  |  |                       |  |  |       |                                   |                            |                                 |                       |  |  |  |  |  |          |          |  |  |  |  |
| UNIT OF MEASURE   |     | UNIT OF MEASURE CODE   | UNIT OF MEASURE  | UNIT OF MEASURE CODE   | UNIT OF MEASURE       |  | UNIT OF MEASURE CODE   |       |                                   |                            |                                 |                       |  |  |  |  |  |          |          |  |  |  |  |
| GALLONS.....  | G   | LITERS PER DAY.....  | V  | ACRE-Feet.....   | A                     |  |  |       |                                   |                            |                                 |                       |  |  |  |  |  |          |          |  |  |  |  |
| LITERS.....   | L   | TONS PER HOUR.....   | D  | HECTARE-METER.....   | H                     |  |  |       |                                   |                            |                                 |                       |  |  |  |  |  |          |          |  |  |  |  |
| CUBIC YARDS.....  | Y   | METRIC TONS PER HOUR.....  | W  | ACRES.....   | A                     |  |  |       |                                   |                            |                                 |                       |  |  |  |  |  |          |          |  |  |  |  |
| CUBIC METERS.....   | C   | GALLONS PER HOUR.....  | E  | HECTARES.....  | H                     |  |  |       |                                   |                            |                                 |                       |  |  |  |  |  |          |          |  |  |  |  |
| GALLONS PER DAY.....  | U   | LITERS PER HOUR.....   | N  |  |                       |  |  |       |                                   |                            |                                 |                       |  |  |  |  |  |          |          |  |  |  |  |
| EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.  |     |  |  |  |                       |  |  |       |                                   |                            |                                 |                       |  |  |  |  |  |          |          |  |  |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: center;">D U P</td> <td style="text-align: center;">T/A C</td> <td style="text-align: center;">I</td> <td colspan="4"></td> </tr> <tr> <td colspan="2"></td> <td style="text-align: center;">13 14 15</td> <td style="text-align: center;">16 17 18</td> <td colspan="4"></td> </tr> </table>                               |     |  |  |  |                       |  |  | D U P |                                   | T/A C                      | I                               |                       |  |  |  |  |  | 13 14 15 | 16 17 18 |  |  |  |  |
| D U P   |     | T/A C  | I  |  |                       |  |  |       |                                   |                            |                                 |                       |  |  |  |  |  |          |          |  |  |  |  |
|   |     | 13 14 15   | 16 17 18   |  |                       |  |  |       |                                   |                            |                                 |                       |  |  |  |  |  |          |          |  |  |  |  |
| LINE NUMBER   |     | A. PROCESS CODE (from list above)  | B. PROCESS DESIGN CAPACITY                                     |  | FOR OFFICIAL USE ONLY |  | LINE NUMBER  |       | A. PROCESS CODE (from list above) | B. PROCESS DESIGN CAPACITY |                                 | FOR OFFICIAL USE ONLY |  |  |  |  |  |          |          |  |  |  |  |
|   |     |  | 1. AMOUNT (specify)  | 2. UNIT OF MEASURE (enter code)  |                       |  |  |       |                                   | 1. AMOUNT                  | 2. UNIT OF MEASURE (enter code) |                       |  |  |  |  |  |          |          |  |  |  |  |
| X-1   | S   | 0 2  | 600  | G  |                       |  | 5  |       |                                   |                            |                                 |                       |  |  |  |  |  |          |          |  |  |  |  |
| X-2   | T   | 0 3  | 20   | E  |                       |  | 6  |       |                                   |                            |                                 |                       |  |  |  |  |  |          |          |  |  |  |  |
| 1   | S   | 0 3  | 2500   | Y  |                       |  | 7  |       |                                   |                            |                                 |                       |  |  |  |  |  |          |          |  |  |  |  |
| 2   |     |  |  |  |                       |  | 8  |       |                                   |                            |                                 |                       |  |  |  |  |  |          |          |  |  |  |  |
| 3   |     |  |  |  |                       |  | 9  |       |                                   |                            |                                 |                       |  |  |  |  |  |          |          |  |  |  |  |
| 4   |     |  |  |  |                       |  | 10   |       |                                   |                            |                                 |                       |  |  |  |  |  |          |          |  |  |  |  |

### III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04") FOR EACH PROCESS ENTERED HERE  
INCLUDE DESIGN CAPACITY.

### IV. DESCRIPTION OF HAZARDOUS WASTES

A. **EPA HAZARDOUS WASTE NUMBER** - Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. **ESTIMATED ANNUAL QUANTITY** - For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. **UNIT OF MEASURE** - For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

| ENGLISH UNIT OF MEASURE | CODE | METRIC UNIT OF MEASURE | CODE |
|-------------------------|------|------------------------|------|
| POUNDS.....             | P    | KILOGRAMS.....         | K    |
| TONS.....               | T    | METRIC TONS.....       | M    |

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

#### D. PROCESSES

##### 1. PROCESS CODES:

For listed hazardous wastes: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. **PROCESS DESCRIPTION:** If a code is not listed for a process that will be used, describe the process in the space provided on the form.

**NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER** - Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

- Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
- In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
- Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

**EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below)** - A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

| LINE NO. | A. EPA HAZARD. WASTE NO. (enter code) | B. ESTIMATED ANNUAL QUANTITY OF WASTE | C. UNIT OF MEASURE (enter code) | D. PROCESSES             |   |   |   |   |   |  |                     |
|----------|---------------------------------------|---------------------------------------|---------------------------------|--------------------------|---|---|---|---|---|--|---------------------|
|          |                                       |                                       |                                 | 1. PROCESS CODES (enter) |   |   |   | 2. PROCESS DESCRIPTION (if a code is not entered in D(1)) |   |  |                     |
| X-1      | K 0 5 4                               | 900                                   | P                               | T                        | 0 | 3 | D | 8   | 0 |  | RECEIVED            |
| X-2      | D 0 0 2                               | 400                                   | P                               | T                        | 0 | 3 | D | 8   | 0 |  | SEP 25 1984         |
| X-3      | D 0 0 1                               | 100                                   | P                               | T                        | 0 | 3 | D | 8   | 0 |  | IEPA-DLPC           |
| X-4      | D 0 0 2                               |                                       |                                 |                          |   |   |   |   |   |  | included with above |

Continued from page 2.

NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

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| EPA I.D. NUMBER (enter from page 1)             |                                       |                                       |                                 |                          |  |  |  |   |  | FOR OFFICIAL USE ONLY                    |  |  |  |  |                     |  |  |  |  |
|---|---------------------------------------|---------------------------------------|---------------------------------|--------------------------|--|--|--|---|--|--|--|--|--|--|---------------------|--|--|--|--|
| W 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15           |                                       |                                       |                                 |                          |  |  |  |   |  | W 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 |  |  |  |  |                     |  |  |  |  |
| IV. DESCRIPTION OF HAZARDOUS WASTES (continued) |                                       |                                       |                                 |                          |  |  |  |   |  |  |  |  |  |  |                     |  |  |  |  |
| LINE NO.  | A. EPA HAZARD. WASTE NO. (enter code) | B. ESTIMATED ANNUAL QUANTITY OF WASTE | C. UNIT OF MEASURE (enter code) | D. PROCESSES             |  |  |  |   |  |  |  |  |  |  |                     |  |  |  |  |
|   |                                       |                                       |                                 | 1. PROCESS CODES (enter) |  |  |  | 2. PROCESS DESCRIPTION (if a code is not entered in D(1)) |  |  |  |  |  |  |                     |  |  |  |  |
| 1   | D 0 0 8                               | 5,000                                 | T                               | S 0 3                    |  |  |  |   |  |  |  |  |  |  |                     |  |  |  |  |
| 2   | D 0 0 6                               | - -                                   |                                 | S 0 3                    |  |  |  |   |  |  |  |  |  |  | included in Line 1. |  |  |  |  |
| 3   |                                       |                                       |                                 |                          |  |  |  |   |  |  |  |  |  |  |                     |  |  |  |  |
| 4   |                                       |                                       |                                 |                          |  |  |  |   |  |  |  |  |  |  |                     |  |  |  |  |
| 5   |                                       |                                       |                                 |                          |  |  |  |   |  |  |  |  |  |  |                     |  |  |  |  |
| 6   |                                       |                                       |                                 |                          |  |  |  |   |  |  |  |  |  |  |                     |  |  |  |  |
| 7   |                                       |                                       |                                 |                          |  |  |  |   |  |  |  |  |  |  |                     |  |  |  |  |
| 8   |                                       |                                       |                                 |                          |  |  |  |   |  |  |  |  |  |  |                     |  |  |  |  |
| 9   |                                       |                                       |                                 |                          |  |  |  |   |  |  |  |  |  |  |                     |  |  |  |  |
| 10  |                                       |                                       |                                 |                          |  |  |  |   |  |  |  |  |  |  |                     |  |  |  |  |
| 11  |                                       |                                       |                                 |                          |  |  |  |   |  |  |  |  |  |  |                     |  |  |  |  |
| 12  |                                       |                                       |                                 |                          |  |  |  |   |  |  |  |  |  |  |                     |  |  |  |  |
| 13  |                                       |                                       |                                 |                          |  |  |  |   |  |  |  |  |  |  |                     |  |  |  |  |
| 14  |                                       |                                       |                                 |                          |  |  |  |   |  |  |  |  |  |  |                     |  |  |  |  |
| 15  |                                       |                                       |                                 |                          |  |  |  |   |  |  |  |  |  |  |                     |  |  |  |  |
| 16  |                                       |                                       |                                 |                          |  |  |  |   |  |  |  |  |  |  |                     |  |  |  |  |
| 17  |                                       |                                       |                                 |                          |  |  |  |   |  |  |  |  |  |  |                     |  |  |  |  |
| 18  |                                       |                                       |                                 |                          |  |  |  |   |  |  |  |  |  |  |                     |  |  |  |  |
| 19  |                                       |                                       |                                 |                          |  |  |  |   |  |  |  |  |  |  |                     |  |  |  |  |
| 20  |                                       |                                       |                                 |                          |  |  |  |   |  |  |  |  |  |  |                     |  |  |  |  |
| 21  |                                       |                                       |                                 |                          |  |  |  |   |  |  |  |  |  |  |                     |  |  |  |  |
| 22  |                                       |                                       |                                 |                          |  |  |  |   |  |  |  |  |  |  |                     |  |  |  |  |
| 23  |                                       |                                       |                                 |                          |  |  |  |   |  |  |  |  |  |  | RECEIVED            |  |  |  |  |
| 24  |                                       |                                       |                                 |                          |  |  |  |   |  |  |  |  |  |  | SEP 25 1984         |  |  |  |  |
| 25  |                                       |                                       |                                 |                          |  |  |  |   |  |  |  |  |  |  | IEPA-DLPC           |  |  |  |  |
| 26  |                                       |                                       |                                 |                          |  |  |  |   |  |  |  |  |  |  |                     |  |  |  |  |

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## VII. SIC CODES (4-digit, in order of priority)

| A. FIRST                                 |   |   |   | B. SECOND |  |  |  |
|--|---|---|---|-----------|--|--|--|
| 7  | 0 | 0 | 0 | 7         |  |  |  |
| (specify) Emission Control Dust Electric |   |   |   | (specify) |  |  |  |
| C. THIRD                                 |   |   |   | D. FOURTH |  |  |  |
| 7  |   |   |   | 7         |  |  |  |
| (specify) Furnace                        |   |   |   | (specify) |  |  |  |

## VIII. OPERATOR INFORMATION

| A. NAME  |  |  |  |             |  |                     |  |  |  |                            |  | B. Is the name listed in Item VIII-A also the owner?                |  |      |  |
|--|--|--|--|-------------|--|---------------------|--|--|--|----------------------------|--|---|--|------|--|
| BIRMINGHAM BOLT AND STEEL CO.  |  |  |  |             |  |                     |  |  |  |                            |  | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |  |      |  |
| C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.) |  |  |  |             |  |                     |  |  |  | D. PHONE (area code & no.) |  |   |  |      |  |
| F - FEDERAL  |  | M - PUBLIC (other than federal or state) |  | P - PRIVATE |  | O - OTHER (specify) |  |  |  | 815                        |  | 937   |  | 3131 |  |
| E. STREET OR P.O. BOX  |  |  |  |             |  |                     |  |  |  |                            |  |   |  |      |  |
| P. O. BOX 628  |  |  |  |             |  |                     |  |  |  |                            |  |   |  |      |  |

| F. CITY OR TOWN |  |  |  |  |  |  |  |  |  | G. STATE |  | H. ZIP CODE |  | IX. INDIAN LAND   |  |
|-----------------|--|--|--|--|--|--|--|--|--|----------|--|-------------|--|---|--|
| KANKAKEE        |  |  |  |  |  |  |  |  |  | IL       |  | 60901       |  | Is the facility located on Indian lands?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |  |

## X. EXISTING ENVIRONMENTAL PERMITS

| A. NPDES (Discharges to Surface Water)   |  |  |  |  |  |  |  |  |  | D. PSD (Air Emissions from Proposed Sources)      |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|
| 9 N I L 0 0 3 5 2 9 7                    |  |  |  |  |  |  |  |  |  | 9 P   |  |  |  |  |  |  |  |  |  |
| B. UIC (Underground Injection of Fluids) |  |  |  |  |  |  |  |  |  | E. OTHER (specify)                                |  |  |  |  |  |  |  |  |  |
| 9 U                                      |  |  |  |  |  |  |  |  |  | 9 0 9 1 8 0 1 A A A (specify) Air quality         |  |  |  |  |  |  |  |  |  |
| C. RCRA (Hazardous Wastes)               |  |  |  |  |  |  |  |  |  | E. OTHER (specify)                                |  |  |  |  |  |  |  |  |  |
| 9 R                                      |  |  |  |  |  |  |  |  |  | 9 0 9 1 0 5 5 5 0 1 6 (specify) State RCRA Number |  |  |  |  |  |  |  |  |  |

## XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

## XII. NATURE OF BUSINESS (provide a brief description)

Manufactures reinforcing rods from steel scrap.

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## XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

| A. NAME & OFFICIAL TITLE (type or print) |  |  |  | B. SIGNATURE |  |  |  | C. DATE SIGNED |  |  |  |
|--|--|--|--|--------------|--|--|--|----------------|--|--|--|
|  |  |  |  |              |  |  |  |                |  |  |  |

## COMMENTS FOR OFFICIAL USE ONLY

|  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|

3155

SEP 25 1924

EPALDPC

KANKAKEE ELECTRIC STEEL WORKS

BOURBONNAIS

BRADLEY

KANKAKEE

Map made, edited, and published by the Geological Survey  
Copyright 1924 and 1925  
Topography by the Geological Survey, and  
published by the Geological Survey, 1924  
Projection, 1927 North American datum  
Scale, 1:24,000 and based on the coordinate system, and also  
1:100,000 Universal Transverse Mercator grid data,  
zone 16, shown in blue

KANKAKEE  
SCALE 1:24,000

CONTOUR INTERVAL 5 FEET  
DATUM IS MEAN SEA LEVEL

# IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

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|                                  |   |   |   |   |   |   |   |   |       |
|----------------------------------|---|---|---|---|---|---|---|---|-------|
| EPA I.D. NO. (enter from page 1) |   |   |   |   |   |   |   |   |       |
| 1                                | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10    |
|                                  |   |   |   |   |   |   |   |   |       |
|                                  |   |   |   |   |   |   |   |   | T/A C |
|                                  |   |   |   |   |   |   |   |   | 6     |

## V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

## VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures, existing storage, treatment and disposal areas, and sites of future storage, treatment or disposal areas (see instructions for more detail).

## VII. FACILITY GEOGRAPHIC LOCATION

| LATITUDE (degrees, minutes, & seconds) |    |    |    |    |    |    |    |    |    | LONGITUDE (degrees, minutes, & seconds) |    |    |    |    |    |    |    |    |    |
|--|----|----|----|----|----|----|----|----|----|---|----|----|----|----|----|----|----|----|----|
| 4                                      | 1  | 1  | 0  | 0  | 0  | 0  |    |    |    | 0                                       | 8  | 9  | 3  | 2  | 0  | 2  | 0  |    |    |
| 43                                     | 44 | 45 | 46 | 47 | 48 | 49 | 50 | 51 | 52 | 73                                      | 74 | 75 | 76 | 77 | 78 | 79 | 80 | 81 | 82 |

## VIII. FACILITY OWNER

☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

| 1. NAME OF FACILITY'S LEGAL OWNER |  |  |  |  |  |  |  |  |  | 2. PHONE NO. (area code & no.) |  |  |  |  |  |  |  |  |  |
|-----------------------------------|--|--|--|--|--|--|--|--|--|--------------------------------|--|--|--|--|--|--|--|--|--|
|                                   |  |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |  |  |  |  |
| 3. STREET OR P.O. BOX             |  |  |  |  |  |  |  |  |  | 4. CITY OR TOWN                |  |  |  |  |  |  |  |  |  |
|                                   |  |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |  |  |  |  |
| 5. ST.                            |  |  |  |  |  |  |  |  |  | 6. ZIP CODE                    |  |  |  |  |  |  |  |  |  |
|                                   |  |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |  |  |  |  |

## IX. OWNER CERTIFICATION

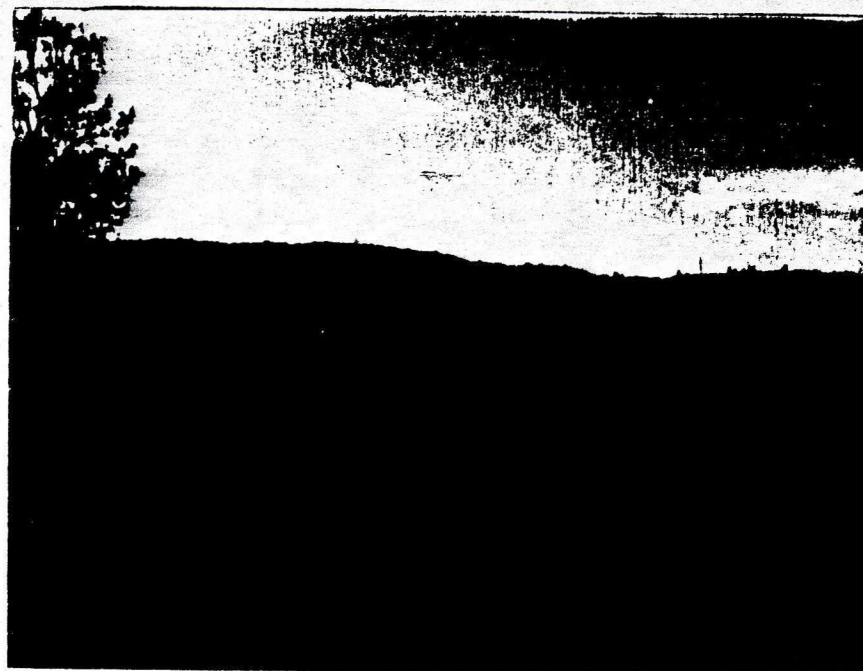
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

|                         |              |                |
|-------------------------|--------------|----------------|
| A. NAME (print or type) | B. SIGNATURE | C. DATE SIGNED |
|                         |              |                |

## X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

|                         |              |                |
|-------------------------|--------------|----------------|
| A. NAME (print or type) | B. SIGNATURE | C. DATE SIGNED |
|                         |              |                |



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